

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>10/13/05</u>		2 Serial/Patent # <u>10/532,313</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$100.00
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	9 <input type="text"/> -- <input type="text"/>
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment No Fee Due (Explanation): <i>Credit Card Refund</i>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____	
SIGNATURE: <u>B. Campbell</u>		PHONE: _____	
OFFICE: <u>PCT/DO/EO</u>		Refund Ref: <u>10/14/2005</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>SPB/SPB</u>		Credit Card Refund Total: \$100.00	
		DATE: <u>10/13/05</u>	
		Acct Exp.: <u>XXXXXXXXXXXX1000</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal-Park One, Room 802B